

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ABG	32	9/19/00
O.I.P.E. CLASSIFIER	LM	SC 864	9/19/00
FORMALITY REVIEW	TM		10-23-00
RESPONSE FORMALITY REVIEW	HA	858	03-07-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) ... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓		11/18/00
2	✓		11/18/00
3	✓		11/18/00
4	✓		11/18/00
5	✓		11/18/00
6	✓		11/18/00
7	✓	✓	11/18/00
8	✓	✓	11/18/00
9	✓	✓	11/18/00
10	✓	✓	11/18/00
11	✓	✓	11/18/00
12	✓		11/18/00
13	✓	✓	11/18/00
14	✓	✓	11/18/00
15	✓	✓	11/18/00
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If more than 150 claims or 10 actions
staple additional sheet here

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